Missouri Department of SOCIAL SERVICES

MoHealthNet

PROVIDER BULLETIN

Volume 40 Number 32 http://dss.mo.gov/mhd/ November 29, 2017

Missouri Children with Developmental Disabilities (MOCDD) and Partnership for Hope (PFH) Waivers:

Applied Behavior Analysis (ABA) Services

CONTENTS

Waiver Amendment

The MOCDD and PFH waiver amendments are approved by the Centers for Medicare and Medicaid Services (CMS) with effective dates of May 8 and May 9, 2017, respectively. Applied Behavior Analysis (ABA) replaces Behavior Analysis Services to reflect approved MO HealthNet Division (MHD) services and procedure codes in the state plan. The state plan now includes coverage for ABA services for children (under age 21) who have a diagnosis of Autism Spectrum Disorder (ASD). The MOCDD and PFH waivers include coverage for ABA services for children without a diagnosis of ASD and adults.

DD Waiver Provider Manual

The DD Waiver Provider Manual will be updated with the information in this bulletin. The information contained in this bulletin is applicable to the MOCDD and PFH Waivers effective May 8 and May 9, 2017, respectively.

ABA Services Description

ABA services are designed to help individuals demonstrating significant deficits (challenges) in the areas of behavior, social, and communication skills acquire functional skills in their homes and communities and/or to prevent hospitalizations or out-of-home placements. ABA services may be provided to assist individuals to learn new or functionally equivalent replacement behaviors directly related to existing or identified challenging behaviors. Services may also be

provided to increase existing behavior, to reduce existing behavior or to emit behavior under precise environmental conditions. ABA services include the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in, and understanding of, human behavior based on the principles identified through experimental analysis.

Central to the implementation of appropriate ABA services is the Behavior Support Plan (BSP), which involves the following elements:

- The BSP is a treatment plan that describes strategies and procedures to generalize and maintain outcomes to collect data to assess the effectiveness of the plan, and the fidelity of implementation of the plan.
- The specific skills and behaviors targeted for each individual should be clearly defined in observable terms and measured carefully by direct observation each session.
- The BSP shall include: collection of data by the staff, family and/or caregivers that are the primary implementers of the plan; monitoring of data from continuous assessment of the individual's skills in learning, communication, social competence; and self-care guide to the scope of the Individual Support Plan (ISP), which must include separate, measurable goals and objectives with clear definitions of what constitutes mastery.
- Reports regarding the service must include data displayed in graphic format with relevant environmental variables that might affect the target behaviors. The graph should provide indication of analysis via inclusion of environmental variables including medications and changes in medications, baseline or pre-intervention levels of behavior, and strategy changes.
- Performance-based training for parents, caregivers and significant others in the person's life is also part of the behavior analysis services if these people are integral to the implementation of monitoring of the plan.

ABA services consist of the following components:

There are two primary types of ABA services: "Assessment services" analyze the situation and lead to recommendations (described in the "Behavior Support Plan") for how to address the issues; and "Adaptive Behavior Treatment services" which are made up of several different methods of treatment, most of which could be used alone, but far more frequently are used in various combinations.

Assessment Services:
A "descriptive assessment" (called Functional Behavior Assessment (FBA)) comprised of at least Behavior Identification Assessment and Observational Behavioral Follow-Up Assessment.

- Behavior Identification Assessment; and
- Observational Behavioral Follow-Up Assessment; and possibly
- Exposure Behavioral Follow-up Assessment.

Adaptive Behavior Treatment (services previously titled Senior Consultant and Behavior Intervention Specialist)**:**

- Adaptive Behavior Treatment with Protocol Modification (could be a stand-alone service if that was the recommendation of the assessment, but likely is used in combination with one of the below);
- Exposure Adaptive Behavior Treatment with Protocol Modification;
- Adaptive Behavior Treatment by Protocol by Technician;
- Adaptive Behavior Treatment Social Skills Group.

The services below would not be stand-alone services, but might be used in conjunction with the services above:

- Adaptive Behavior Treatment by Protocol by Technician;
- Family Treatment Guidance (also known as "Family Adaptive Behavior Treatment Guidance.")

Assessment:
ABA services are based on an assessment which identifies functional relationships between behavior and the environment, including contextual factors, establishing operations, antecedent stimuli, contributing and controlling consequences, and possible physiological or medical variables related to challenging behaviors or situations. The assessment is further composed of the following elements:

- **Behavior Identification Assessment**: This assessment is completed by the physician or other Qualified Health Care Professionals (QHCP), face-to-face with patient and caregiver(s) and include: administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report.

- **Observational Behavioral Follow-up Assessment**: This assessment may be required to finalize or fine-tune the baseline results and plan of care that were initiated in the identification assessment. This service is performed by a technician under the direction of a QHCP or Licensed assistant Behavior Analyst (LaBA). The QHCP or LaBA may or may not be on-site during the face-to-face assessment process. This assessment is provided to individuals who present with specific destructive behavior(s) (e.g., self-injurious behavior, aggression, property destruction) or behaviors or deficits in communication or social relatedness. Observational follow-up includes the use of structured observation and/or standardized and non-standardized tests to determine levels of adaptive behavior. Areas assessed may include cooperation, motivation, visual understanding, receptive and expressive language, imitation, requests, labeling, play and leisure, and social interactions. Specific destructive behavior(s) assessments include structured observational testing to examine events, cues, responses, and consequences associated with the behavior(s).

- **Exposure Behavioral Follow-up Assessment**: This Exposure assessment is administered by the QHCP with the assistance of one or more technicians. This assessment includes the QHCP's interpretation of results, discussion of findings and recommendations with primary caregiver(s), and preparation of report. Typical individuals for these services include those with more specific severe destructive behavior(s) (e.g., self-injurious behavior, aggression, property destruction). Specific severe destructive behavior(s) are assessed using structured testing to examine events, cues, responses, and consequences associated with the behavior. This assessment includes exposing the individual to a series of social and environmental conditions associated with the destructive behavior(s). Assessment methods include using testing methods designed to examine triggers, events, cues, responses, and consequences associated with the before mentioned maladaptive behavior(s). This assessment must be completed in a structured environment to ensure safety.

Adaptive Behavior Treatment: Adaptive behavior treatment addresses the individual's specific target problems and treatment goals as defined in previous assessments. Adaptive behavior treatment is based on principles including: analysis and alteration of contextual events and motivating factors, stimulus-consequence strategies, replacement behavior, and monitoring of outcomes. Goals of adaptive behavior treatment may include reduction of repetitive and aberrant behavior, improved communication, and social functioning. Adaptive behavior skill tasks are often broken down into small, measurable units, and each skill is practiced repeatedly until mastered. Adaptive behavior treatment may occur in multiple sites and social settings (e.g., controlled treatment programs with the individual alone or in a group setting, home, or other natural environment). All ABA services are considered short-term services whose objectives are to provide changes in patterns of interactions, daily activities and lifestyle including provider family/staff/caregivers skills to teach the individuals adaptive skills and skills that address problem behaviors. The development of skills in the individual and in the family/staff/caregivers is a key component to these services. In addition, it is essential that the strategies developed are adapted to more typical types of support strategies so that the BSP is replaced with these more typical strategies as the service is successful. Adaptive behavior treatment is further composed of the following elements:

- **Adaptive Behavior Treatment by Protocol by Technician**: This treatment is administered by a single technician or LaBA under the direction (on-site or off-site) of the QHCP by adhering to the protocols that have been designed by the QHCP. This service is delivered to the individual alone or while attending a group session. This includes skill training delivered to an individual who, for example, has poor emotional responses (e.g., rage with foul language and screaming) to deviations in rigid routines. The technician introduces small, incremental changes to the individual's expected routine along one or more stimulus dimension(s), and a reinforcer is delivered each time the individual appropriately tolerates a given stimulus change until the individual tolerates typical variations in daily activities.

  The QHCP directs the treatment by designing the overall sequence of stimulus and response fading procedures, analyzing the technician-recorded progress data to assist

the technician in adhering to the protocol, and judging whether the use of the protocol is producing adequate progress.

- **Adaptive Behavior Treatment with Protocol Modification**: This treatment is administered by a QHCP or LaBA who is face-to-face with a single individual. The service may include demonstration of the new or modified protocol to a technician, guardian(s), and/or caregiver. For example, adaptive behavior treatment with protocol modification will include treatment services provided to a teenager who is recently placed with a foster family for the first time and is experiencing a regression of the behavioral targets which were successfully met in the group-home setting related to the individual's atypical sleeping patterns. The clinical social worker modifies the past protocol targeted for desired results to incorporate changes in the context and environment. A modified treatment protocol is administered by the QHCP to demonstrate to the new caregiver how to apply the protocol(s) to facilitate the desired sleeping patterns to prevent sleep deprivation.

- **Exposure Adaptive Behavior Treatment with Protocol Modification**: This treatment is provided to individuals with one or more specific severe destructive behaviors (e.g., self-injurious behavior, aggression, property destruction), with direct supervision by a QHCP which requires two or more technicians face-to-face with the individual for safe treatment. Technicians elicit behavioral effects of exposing the individual to specific environmental conditions and treatments. Technicians record all occurrences of targeted behaviors. The QHCP previews and analyzes data and refines the therapy using single-case designs; ineffective components are modified or replaced until discharge goals are achieved (e.g., reducing destructive behaviors by at least 90%, generalizing the treatment effects across caregivers and settings, or maintaining the treatment effects over time). The treatment is conducted in a structured, safe environment. Precautions may include environmental modifications and/or protective equipment for the safety of the individual or the technicians. Often these services are provided in intensive outpatient, day treatment, or inpatient facilities, depending on the dangerousness of the behavior.

- **Family Adaptive Behavior Treatment Guidance**: This treatment guidance is administered by a QHCP or LaBA face-to-face with family/guardian(s)/caregiver(s) and involves teaching family/guardian (s)/caregiver(s) to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits.

- **Adaptive Behavior Treatment Social Skills Group**: This treatment social skills group is administered by a QHCP or LaBA face-to-face with multiple individuals, focusing on social skills training and identifying and targeting individual patient social deficits and problem behaviors. The QHCP or LaBA monitors the needs of individuals and adjusts the therapeutic techniques during the group service, as needed. Services to increase target social skills may include modeling, rehearsing, corrective feedback, and homework assignments. In contrast to adaptive behavior treatment by protocol techniques, adjustments are made in real time rather than for a subsequent service.

Applied Behavior Analysis Services Limitations

Limitations of the Behavior Identification Assessment: One assessment every 2 years unless exception is granted.
Limitations of the Observational Behavioral Follow-Up Assessment: First 30 minute unit: Limited to 1 per day and a maximum of 5 per week, 5 per year. Additional 30 minute units: Limited to 4 per day and a maximum of 20 per week, and 20 per year. All Observational Behavior Follow-Up Assessments must be administered by the Registered Behavior Technician (RBT) under the direction of the QHCP that is a Licensed Behavior Analyst (LBA), or under the direction of a LaBA; the service can also be done by the QHCP or LaBA. Units may be used for the development of the initial treatment protocol at 1 unit of the first 30 minutes of Observational Behavioral Follow-up Assessment and 1 unit of the second 30 minutes of Observational Behavior Follow-up Assessment.
Limitation of the Exposure Behavioral Follow-Up Assessment: First 30 minute unit: Limited to 1 per day, 5 per week, and 10 per year. Additional 30 minute units: Limited to 40 per year. Exposure Behavioral Follow-Up Assessment can be done by the RBT under the direction of the QHCP that is a LBA, or under the direction of a LaBA; the service can also be done by the QHCP or LaBA.
Limitations of Adaptive Behavior by Protocol by Technician: First 30 minute unit: Limited to 1 per day, 5 per week, and 25 per month. Additional 30 minute units: Limited to 15 per day, 75 per week, and 275 per month. All Adaptive Behavior by Protocol by Technician must be performed by a RBT or LaBA under the direction of a QHCP that is a LBA. This service must be provided concurrent with Adaptive Behavior Treatment with Protocol Modification by a LBA for at least the equivalent of 5% of the total units provided by the RBT.
Limitations for Adaptive Behavior Treatment with Protocol Modification: First 30 minute unit: Limited to 1 per day, 5 per week and 25 per month. Additional 30 minute units: Limited to 15 per day, 55 per week and 110 per month. Extensions may be approved by the Department of Mental Health (DMH), Division of Developmental Disabilities' (DD) Chief Behavior Analyst, or designee. 10% of units authorized in a plan year for this service would be appropriately utilized for protocol modification and data analysis and that this would require documentation as with all other units in addition to the written modified protocol and graphic display with current data and progress report describing the analysis and effects on intervention strategies related to the analysis.
Limitations of Exposure Adaptive Behavior Treatment with Protocol Modification: First 60 minute unit: Limited to 1 per day, 5 per week and 25 per month. Additional 30 minute units: Limited to 15 per day, 55 per week and 110 per month. Exposure Adaptive Behavior Treatment with Protocol Modification must receive prior approval by the DMH, DD Chief Behavior Analyst.
Limitations of Family Adaptive Behavior Treatment Guidance: 60 minute unit: limited to 1 unit per day, 5 per week and 10 per month. In addition, no more than 8 family members/guardians/caregivers can be present for a unit to be billed. This service can be concurrent to any of the other treatment services.
Limitations of Adaptive Behavior Treatment Social Skills Group: 90 minute unit: limited to 1 unit per day, 5 per week and 10 per month. In addition, no more than 8 individuals can be present for a unit to be billed. This service can be concurrent to any of the other treatment services

Provider Requirements

Services can be provided by a QHCP, a LaBA under the supervision of a QHCP who is an LBA, or an RBT under the supervision of a QHCP who is an LBA.

An individual or an agency must have a contract with the Missouri DMH.

ABA services can be provided by a person enrolled in a graduate program for applied behavior analysis and completing the experience requirements with ongoing supervision by a LBA in the state of Missouri who is a contracted provider for the DMH. These services provided by a person as part of the experience requirement and under the supervision of the LBA will be considered as the equivalent of LaBA services for purposes of billing and eligibility to provide particular ABA services.

A QHCP must have a graduate degree and Missouri State license as a Behavior Analyst or a licensed professional in psychology, social work, or professional counseling with training specific to behavior analysis (RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224).

An LaBA must have Missouri State license as an assistant Behavior Analyst (RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224).

The RBT must be registered with the Behavior Analyst Certification Board.

Billing Information: Applied Behavior Analysis Services

Waiver Service	Code(s)	Service Unit	Maximum Units of Service
Behavior Identification Assessment	0359T	30 minutes	1 every 2 years unless exception is granted
Observational Behavioral Follow-Up Assessment	0360T & 0361T	First 30 minutes & additional 30 minutes	1 per day, 5 per week, 5 per year & 4 per day, 20 per week, 20 per year
Exposure Behavioral Follow-Up Assessment	0362T & 0363T	First 30 minutes & additional 30 minutes	1 per day, 5 per week, 10 per year & 15 per day, 40 per year
Adaptive Behavior Treatment with Protocol Modification	0368T & 0369T	First 30 minutes & additional 30 minutes	1 per day, 5 per week, 25 per month & 15 per day, 55 per week, 110 per month
Exposure Adaptive Behavior Treatment with Protocol Modification	0373T & 0374T	First 60 minutes & additional 30 minutes	1 per day, 5 per week, 25 per month & 15 per day, 55 per week, 110 per month
Adaptive Behavior Treatment by Protocol by Technician	0364T & 0365T	First 30 minutes & additional 30 minutes	1 per day, 5 per week, 25 per month & 15 per day, 75 per week, 275 per month
Family Adaptive Behavior Treatment Guidance	0370T	60 minutes	1 per day, 5 per week, 10 per month
Adaptive Behavior Treatment Social Skills Group	0372T	90 minutes	1 per day, 5 per week, 10 per month

Applied Behavior Analysis Services Documentation

The provider must maintain all documentation as per the requirements set forth in Section C of the DD Waivers Manual, including detailed progress notes per date of service and monthly progress notes associated with objectives listed in the ISP and the individual behavior support plan. Progress notes should be written at least monthly and include data regarding program fidelity, any concerns from QHCP or other members of planning team, and data with respect to implementation effects. The progress notes should also include summary of contacts made by family, caregivers, etc., and any actions taken and modifications made to the behavior support plan. Graphic presentation of data and interpretation of the data shall be included in the progress notes submitted to the planning team and support coordinator. The FBA must not be billed until the assessment is complete and the FBA report has been finalized and received by the support team.

A copy of the written individual BSP, graphic data, and progress notes from the period the service is provided must be included with the written individual plan of care upon termination of services. This information will be filed in the individual's chart, located in the regional office or with the targeted case management entity with whom the individual is enrolled.

Individuals and support coordinators will revise the ISP during the annual plan development meeting to be reflective of the new service definitions. The ISP will fully implement the revised service definitions within 18 months of waiver approval.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at http://dss.mo.gov/mhd/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at http://dss.mo.gov/mhd/ to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896